HISTORY

- 1975: National Health Planning and Resources Development (NHPRDA) Act required all 50 states to convene oversight agencies and Certificate of Need (CON) programs

- 1978: Delaware’s CON codified through House Bill 956 and placed within DHSS, Bureau of Health Planning and Resources Development

- 1987: NHPRDA repealed along with associated funding and Delaware’s CON program became the Health Resources Management Council.

- 1994: House Bill 331 established Health Resources Board (HRB)

- 1999: CON replaced with Certificate of Public Review (CPR)

- 2012: HRB administrative support moved under DHSS, Office of the Secretary, DHCC and reviewed by Joint Sunset Committee
CERTIFICATE OF NEED (CON) STATES

Certificate of Need State Laws

Legend

- CON program in place
- Variation on CON program* (click on map for details)
- No CON program
- No data

PURPOSE

▪ Foster cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services

▪ Protect statewide health care infrastructure necessary to meet expected and projected health care needs of all Delawareans.

▪ Assure there is continuing public scrutiny of certain health-care developments
  - Public scrutiny is to be focused on balancing concerns for cost, access, and quality

▪ Improve geographic and economic access to care for residents in Delaware
BOARD COMPOSITION

- 15 members (Chair, Vice Chair, and 13 other members)
- All members appointed by Governor
- Appointments 3-year term
  - Appointments staggered so no more than 5 appointments shall expire annually.
  - Governor may appoint for a term less than 3-years to ensure board members’ terms expire on staggered basis
- Members represent all counties of the State and independent public
## CURRENT HRB BOARD

<table>
<thead>
<tr>
<th>Name</th>
<th>Appointment Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brett Fallon</td>
<td>Chair and Public at Large</td>
</tr>
<tr>
<td>Edwin Barlow</td>
<td>Public at Large</td>
</tr>
<tr>
<td>Theodore Becker</td>
<td>DHCC representative</td>
</tr>
<tr>
<td>Elizabeth Brown</td>
<td>DHSS representative</td>
</tr>
<tr>
<td>Michael Hackendorn</td>
<td>Labor representative</td>
</tr>
<tr>
<td>Cheryl Heiks</td>
<td>Long-term care administration representative</td>
</tr>
<tr>
<td>Leighann Hinkle</td>
<td>Representative involved in purchasing health-care coverage on behalf of State employees</td>
</tr>
<tr>
<td>Vincent Lobo</td>
<td>Licensed to practice medicine in DE representative</td>
</tr>
<tr>
<td>Julia O'Hanlon</td>
<td>Public at Large</td>
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<tr>
<td>Pamela Price</td>
<td>Health insurance industry representative</td>
</tr>
<tr>
<td>Margaret Strine</td>
<td>Public at Large</td>
</tr>
<tr>
<td>Mark Thompson</td>
<td>Health care administration representative</td>
</tr>
<tr>
<td>John Walsh</td>
<td>Public at Large</td>
</tr>
<tr>
<td>VACANT</td>
<td>Representative of a provider group other than hospitals, nursing homes or physicians</td>
</tr>
<tr>
<td>VACANT</td>
<td>Representative involved in purchasing health care coverage for employers with more than 200 employees</td>
</tr>
<tr>
<td>VACANT</td>
<td>Vice Chair</td>
</tr>
</tbody>
</table>

Quorum consists of at least 50% of the membership (8 members)
BOARD DUTIES AND RESPONSIBILITIES

1. Develop a Health Resources Management Plan (HRMP)
2. Review CPR applications
3. Gather and analyze data and information needed to carry out its responsibilities
4. Address specific health care issues as requested by Governor or General Assembly
5. Adopt bylaws as necessary for conducting affairs
6. Coordinate activities with DHSS, DHCC, and other groups appropriate
RECENT HRB ACTIVITY: CPR APPLICATIONS

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CPR Applications received</th>
<th>CPR Applications approved</th>
<th>CPRs issued</th>
<th>CPR Applications rejected</th>
<th>CPR Applications withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2020</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## RECENT HRB ACTIVITY: MEETINGS

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>HRB Meetings</th>
<th>Public Hearings</th>
<th>Review Committee Meetings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>14</td>
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<tr>
<td>2018</td>
<td>8</td>
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<tr>
<td>2019</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2020</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
FISCAL YEAR 2020 HRB BUDGET

- Annual Budget $44,700 ($39,500 for contractual, $5,200 for supplies)
- Revenue from filing fees (by calendar year):
  - 2017: $39,100
  - 2018: $40,100
  - 2019: $80,600
  - 2020: $7,500
2012 SUNSET REVIEW AND RECOMMENDATIONS

1. Administrative and budgetary purposes, HRB relocated to DHSS/DHCC
2. Amend 16 Del C. § 9303 (c) - DHSS/DHCC responsible for administration and staffing
3. HRB reduced from 21 members to 15 members
4. Amend 16 Del C. § 9303 (d) – Require that when revising the HRMP, the Board shall conduct a public hearing
5. Amend 16 Del C. § 9303 (d) – HRMP should be reviewed and approved by DHCC prior to submission to DHSS Secretary for final written approval
6. Amend 16 Del C. § 9304 – Clarify only for-profit acquisitions of a nonprofit health care facility area subject to CPR process
2012 SUNSET REVIEW AND RECOMMENDATIONS

7. Amend 16 Del C. § 9303 to include Governor may remove a Board member

8. HRB with assistance from DHSS/DHCC shall conduct a comprehensive review of 16 Del C. c. 93 and the CPR program

9. HRB shall review and revise as needed the conflict of interest definition enumerated in the by-laws

10. HRB with assistance from DHSS/DHCC shall undertake a comprehensive review of the HRMP

11. HRB shall review and revise current by-laws governing the Board to ensure consistency with Chapter 93

12. HRB shall develop a toolkit for the CPR process
ACCOMPLISHMENTS

- 10 of the 12 recommendations from the 2012 Sunset review have been completed (HRMP and by-laws revised)
- Since 2017, the Board has reviewed and rendered decisions on 20 CPR applications
- Adopted a more efficient nursing home (NH) bed need methodology to calculate NH bed projections
- In 2019, developed policies and procedures for the Board’s first reconsideration hearing
CHALLENGES

1. Recusals
2. Board vacancies (including Vice Chair position)
3. Appeals to Superior Court
4. Board decisions can be overturned by the General Assembly
OPPORTUNITIES

1. Evaluate purpose and need of the CPR process
2. Fill vacancies or remove positions that have been historically vacant
3. Evaluate Board size and composition
4. Revise statutory language to clarify definition of quorum
5. Explore impact of including Assisted Living Facilities, Urgent Care, home health agencies, and hospice in the CPR process
6. Review and update the filing costs for capital expenditures
THANK YOU

Contact the DHCC: (302) 739-2730
DHCC@delaware.gov